

	Project Group: Self Management Workgroup Leader	
	Goal: Vermonters with chronic conditions will become effective managers of their own health.	
	By 3/08, increase the % of Vermonters age 18+ with diabetes who receive formal diabetes education from 45% in 2003 to 60%	
	By 2008, increase to 97% the proportion of people with diabetes in care who measure their blood sugar at least once per week	
	High Level Objectives	1) By 2010 the Healthier Living workshop (Stanford) will be scheduled no less than 4 times/yr. In each of the 14 Hosp. Svc. Areas, average group size will be 12 with 6 having a diagnosis of diabetes (E1.1, E1.2)
		2) By 2010 the one year follow up of 85% of participants in Healthier Living Workshop will agree with the statement "I have been able to maintain the lifestyle changes I have made for my health condition" (E1.3)
		3) By Dec 2006 there will be a link of Healthier Living workshop class participant data from pilot communities to the VHR (G1.5)
		4) Increase enrollment into ADA classes, and other educational evidence based programs to 60% by 2008
		6) Incorporate HIPPA requirements ie collecting and sharing of program data by Dec 2005
	Evaluation	Use BRFSS, Stanford eval tool, and Vermont Health Registry
	Prioritized Activities	1. Develop budget for classes and materials of Healthier Living Workshop
	for year one	2. Offer leader training programs 2X in fiscal 2006, at least 36 trainers
		4. Determine number of master trainers needed to be trained annually to sustain program in community
		5. Develop educational plan for healthier living program recruitment and referral
		6. Develop train the trainer program for local implementation team for educating providers, staff and Diabetes Educators re:healthier living program, recruitment and referral
		7. Develop curriculum re: Healthier Living program and how it compares/contrasts with ADA class for regional partners

	Objectives/Milestones	Activities	Who Responsible	Start Date	Due Date	Status	State Measures/Outputs	Pilot Measures/Outputs	Notes
	Train leaders in pilot sites		Edelman	Mar-05	Apr-05	done	16 leaders	6 leaders	St. Johnsbury, Bennington
E1.1	Determine other towns to implement Healthier Living workshop and decide phasing plan	Assess expansion plans based on community readiness and in alignment with strategic plan	SM workgroup/ executive director						Burlington, Rutland, Windsor County
	Develop operational plan	Determine criteria and approach for expansion/ replication of Healthier Living workshop	Edelman			in process	By 2010 the Healthier Living workshop (Stanford) will be scheduled no less than 4 times/yr. In each of the 14 Hosp. Svc. Areas, average group size will be 12 with at least 6 having a diagnosis of diabetes	By 2010 the Healthier Living workshop (Stanford) will be scheduled no less than 4 times/yr. In each of the 14 Hosp. Svc. Areas, average group size will be 12 with 6 having a diagnosis of diabetes	2 leader trainings + 1 master training class in Fiscal yr. 2006
		Decide and hire central coordinator	Edelman	May-05		done		Marianne Ward hired	focusing on prog spread in 5 areas

	Objectives/Milestones	Activities	Who Responsible	Start Date	Due Date	Status	State Measures/Outputs	Pilot Measures/Outputs	Notes
		Develop plan for local coordinator	Robin E		done		Job description exists. All HSA's will identify a local coordinator at start of pilot	Pilot sites will assign a local coordinator	Focus = new group set-ups ie. budget, goals, management
		Develop budget	Edelman	Jun-05		in process	\$, format for budget?		\$134 - \$175/person
		Develop list of master trainers and leaders and post on Blueprint website	Edelman			ongoing			budget includes 1 2006 mstr + 2 ldr trainings
		Determine number of leaders needed in each area		Mar-05	Annually Jul	done pilot fisc 06	At least 6 new trainers will be trained in each HSA	At least 6 new trainers will be trained in each HSA	Need over 80 trained leaders statewide on an ongoing basis, need to consider attrition
		Determine number of master trainers needed for doing "train the trainers" course		Mar-05	Annually Jul	done fisc 05	Will train at least 3 new master trainers per pilot HSA	HSA will identify 3 people to become master trainers Currently have 1 for St. J. 1 for Bennington	Look into bringing Stanford to VT. To bring 1 =~ \$9200

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G1.5		Develop interface between Healthier Living access database program and registry	IT	Oct-05	Dec-06		Healthier Living (Stanford) class participant data for referred diabetics will be linked with the Vt. Health Record by end of 2006		Need IT interface to capture Stanford class participant list into registry
	Increase enrollment into ADA classes, and other educational evidence based programs	Help pilots to educate providers regarding availability and content of classes for their patients	Marianne Ward/pilot groups				By 2008 increase to 60% the people with diabetes who receive formal diabetes education	Increase to 60% the people with diabetes who receive formal diabetes education	
		Partner with supermarkets ect. to do training in the community	Robin E				By 2008 increase to 60% the people with diabetes who receive formal diabetes education	Increase to 60% the people with diabetes who receive formal diabetes education	

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E1.3	Offer Healthier Living Workshop	Offer at least 4 Healthier Living workshops per year					By 2010, 85% of the one year follow-up of participants will agree with the statement " I have been able to maintain the lifestyle changes I have made for my health condition"	85% of the one year follow-up of participants will agree with the statement " I have been able to maintain the lifestyle changes I have made for my health condition"	
	Develop a plan to assure community self sufficiency and faculty sustainability after grant	Offer leader training programs	Edelman			in process	Will train at least 24 new leaders/year	Will train 6-12new leaders/year per pilot site	2 classes, 1 in Oct., and 1 in Jan.during fiscal 2006
E1.1		Determine # of faculty and classes needed in each area	SM Proj. Man				By 2010 the Healthier Living workshop will be offered at least 4 times/year in all HSAs, with at least 75 sessions offered statewide	Will give Healthier living training to 300 participants, At least 6 classes in each pilot site, = 180 with 50 % diagnosed with diabetes	Link with Health System work group.

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E1.2		Develop outreach and marketing strategy to ensure a minimum a 4 classes / year in the HSA consumer and provider referral					Each class will achieve and average group size of 12 with half having the diagnosis of diabetes	Each class will achieve and average group size of 12 with 6 having the diagnosis of diabetes	
		Identify viable financial alternatives for sustainability	Consultation with Health sys. Work group		Oct-05 /dec 2006		Reimbursement strategies being piloted by 12/06		Not sure how much money regions can contribute
		Research and determine alternatives to class, ie. web					Recommend alternative educational opportunities to exec. Director by June 2006		Very limited, but options exist for wt/ control, ? expense.
		Develop evaluation tool for class				Done	Pre survey and 6mos, 1year		
		Develop evaluation tool and quality indicators for faculty					Program leaders are evaluated annually		

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	Develop communication strategy	Add schedules of classes and/or local contact information to 211				Not yet started			
		Develop curriculum to train community team (ie train the trainer) re: differences in ADA and self managemnt classes	Robin E	Nov 15 2005			Community team trained		
		Develop and implement marketing plan			Sep-05	done	Plan is available to pilot sites for use		Focus on target population. ? Professional marketing srvs?
		Educate all providers, Diabetes Educators and staff in pilot communities	Community team				75% of practices will be trained re: self mgmt.	75% of PCP's practices in pilot areas will be trained re: self mgmt.	Coordinator will work with provider practice group to educate
		Partner with payors to endorse/market healthier living program			Jan-06		Develop letter to be sent to consumers re: healthier living programs	Payors will send letters to consumers in pilot sites	

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		Educate Library, Scorehealth staff					At least one class for library staff and Scorehealth group will be done		
		Develop tool for registration and referral to report back to providers	see md workplan				Tool will be developed and in use	Pilot tool with providers	
	Research other resources for physician referral and consumer self referral	Develop referral tools for providers and staff				done	Tools/ materials will be developed and in use	Test tool in pilot sites	tv, web ect.
		Develop list of scheduled classes with phone #s					All HSA's will have list available for providers and consumers	Sites will develop and share lists with community	
	Evaluate implementation plan	Decide on evaluation format					Format will be determined by all groups		focus group, survey
		Develop process evaluation tool					Questions to evaluate education and implementation of practices will be developed		Team with all other work groups to develop one tool
		Analyse evaluation							

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		Change plan as identified by evaluation					Recommendations to implementation and education will be developed		
	Develop plan to replicate in all towns	Develop tools to share					Tools/ Materials will be developed and shared with all HSA		
		Develop contact list, local and central							